

# How to assess your learning needs

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When was the last time that you assessed your learning needs? Or does the term mean nothing to you at all? Maybe you are a consultant of long standing and feel that you should be free to learn what you want to learn and not what you are told to learn. Perhaps you are a foundation-year doctor and think that you only need to cover the foundation year's curriculum. These views are reasonable but there are many reasons why we should spend some time thinking about our learning needs.

## METHODS

I searched the reference lists of major reviews on learning needs assessment. I supplemented this by searching Medline (to June 2005) and Embase (1990 to 2005 week 20). I used broad search terms to ensure that I found all studies related to the use of learning needs assessment. I did not limit searches to specific study designs, thus allowing me to find studies encompassing all levels of evidence. I examined the reference lists of all articles for further studies. I only looked at English language reports.

## WHY YOU SHOULD ASSESS YOUR LEARNING NEEDS?

The most important reason for assessing your learning needs is that when *you* have assessed your learning needs it will be more likely to change your practice than if learning is imposed upon you.<sup>1,2</sup> Changing the established practice of physicians is one of the biggest challenges that face educationalists—so anything that helps is paramount.

Identifying your own learning needs can be both fun and challenging: it is very likely that you do it already, even if you are not aware of it. For example, if one of your patients asks you an important question about diabetes, then you have identified a learning need. Once you realize this your learning becomes more personal which will increase your motivation.<sup>3</sup> Similarly if you audit your work and find that some of your patients with heart disease are not doing as well as they should, then you may feel that you have a learning need in this area. Of course, their poor outcome may not be related solely to the quality of your personal

practice: it may be that the structure of care in your hospital needs to improve.

The alternative to assessing your learning needs is a return to the old system whereby learning was a 'one size fits all' process and you just went to courses to get points. General practitioners recognized the flaws in the points system and threw it out. Some doctors (hospital physicians for example) must still gather points but all the royal colleges have recognized that gathering points is just one aspect of continuous professional education but should not be seen as an end in itself.

Assessing your learning needs can help your organization as well as you as an individual. The tutors where you work can use it to help them plan curricula, to improve safety or to help individuals with their learning. It can also help your organization to balance the needs of individuals and the group needs of all members.<sup>4</sup> Research has shown that doctors tend to pursue further education in topics that they already know quite a bit about and avoid areas where their knowledge is deficient.<sup>5</sup> Learning-needs assessment is a good way to discover the limits of your comfort zone and encourage you to move out of it.

The worst reason to do anything is because you have to. The goalposts of appraisal and revalidation are shifting but you should remember that assessing your learning needs is likely to remain a cornerstone of official policy in continuous professional development.<sup>2</sup>

## THE LIMITATIONS OF ASSESSING YOUR OWN LEARNING NEEDS

Assessing your learning needs is a vital first step on your learning journey. But that it is all it is. You will not actually learn anything as a result—indeed discovering them is a waste of time if you do not do anything about them. So actually spending time learning is vital. This seems obvious but is a message that can sometimes be lost in a wave of educational initiatives and theories.

Learning-needs assessment is also just *one* factor that contributes to successful learning that will result in a change to practice. Other factors that will contribute include linking education to practice, ensuring that your learning is driven by personal motivation and reinforcing what you have learnt.<sup>3</sup>

Do not let assessing your learning needs limit your learning. If all your learning was purely driven by the need

to improve your practice then it is likely that you would quickly reach burnout. You should remember that learning can be a creative process and should be fun. You may also have some learning needs that you will not be able to assess yourself. For example, you could go to a meeting and find out about a new treatment and realize only afterwards that you actually needed to learn about it. And in the brave new world of learning needs we should not forget about learning desires. You may want to learn about tropical diseases even though you rarely see affected patients. Why? Because you want to learn about something new and you want to refresh your mind. You never know when you will be able to put a piece of knowledge into practice. We have all used a piece of information that we initially thought was useless.

Another drawback of learning-needs assessment tools is that they can be a dangerous instrument in the wrong hands—you need to be careful how you interpret them. For example, you may assess the learning needs of a cardiology team only to find that the solution that was intended to help everyone is too easy for half the team but too complicated for the others.<sup>2</sup> Learning as a result of assessing your own learning needs is just one route to learning. We should not discount it but neither should we discount the many other ways that we can learn—i.e. learning by experience or by having errors corrected or learning from teaching others.<sup>6</sup>

## HOW TO ASSESS YOUR LEARNING NEEDS

If you are a reflective practitioner then it is likely that you assess your learning needs already—albeit unconsciously. So how should you do it formally? At this stage the average practitioner who wants to find out more may be flummoxed. The *Good CPD Guide* lists over 40 different methods of assessment.<sup>7</sup> They range from keeping a diary of knowledge gaps, to assessing your practice risks, to formal patient satisfaction surveys. You can use them to assess your own needs or those of your practice.<sup>8</sup> But most busy clinicians will want to choose from a more limited list of tools to assess their learning needs. Here is a sample of tools that you may want to try out.

### 360° appraisal

If you work in a team you can do a formal 360° appraisal: this involves asking your colleagues to give feedback on your strengths and weaknesses. The colleagues can be doctors or can be interdisciplinary members of your team.<sup>9</sup> They can give feedback on your knowledge skills or attitudes or even your abilities as a team player. Those giving feedback should remember that it should be balanced, descriptive, objective and constructive. It is not helpful to say 'you are useless and you always will be and you said horrible things about me'. It is helpful to say 'you

are good with patients but you don't always keep good notes and you should work on this'.<sup>10</sup>

### Critical incident reviews

The primary purpose of these reviews is to find out what went wrong, how and why it went wrong and how to prevent errors from being repeated. But they can also be used as an educational tool.<sup>11</sup> A real incident that occurred to your team is likely to concentrate minds much more effectively than a dry research paper. The review could look at things that went wrong (for example, a patient being given a drug to which they were allergic) but could equally look at events that had a positive outcome (for example how the team worked effectively to cure a patient with meningitis). Such reviews should be structured. First, you should identify what incident you should look at and then give everyone time to prepare his or her thoughts prior to the meeting. Then you should conduct the review in as fair a way as possible. The purpose of the review is not to blame individuals but to find out what the team can learn from what went wrong.<sup>11</sup>

### Self-assessment

This involves keeping a diary of learning needs that crop up during your working day. You might jot down something in a consultation or write a note about an issue from a practice meeting. By looking back at your diary you can identify your knowledge gaps. They may be just individual gaps but if you look more closely you may start to identify systematic gaps (for example, you may discover that 40% of your learning needs discovered in this way are about diabetes). Doctors who keep a diary generate more specific learning objectives than those who do not.<sup>12</sup>

### Practice review

This could involve using data that already exist or doing a formal patient satisfaction questionnaire. The latter requires you to have confidence in yourself and in your colleagues and to be robust enough to accept criticism.

### Observation

Alternatively, you could ask your colleagues to observe your performance and to give feedback on what you could do better. Observing how you practise by recording your consultations on video is a powerful tool that can help you identify your learning needs. It is particularly good at looking at how you communicate and how patient centred you are in your consultations.<sup>13</sup> Video analysis is already used extensively to assess competence in exams and in summative assessment of GP registrars.

There are a variety of methods to help you uncover the gaps in your knowledge—different methods will suit different people. It is best to use more than one method and a combination of subjective and objective methods often gives a better overall picture of your knowledge gaps.

## THE FUTURE

One thing that we can all agree on is that learning-needs assessment in medical education is still in its infancy—10 years ago it did not exist in any formal capacity. It is obvious, therefore, to say that further research into the use of learning needs assessment tools is needed: but any further research must be carefully targeted.

There is no point in doing research to find out what is the *best* way to assess learning needs. There is unlikely to be a single best way: it depends on each doctor and each practice. We should also perhaps avoid research that targets learning-needs assessment too narrowly. Rather, we should realize that doctors learn in a variety of ways and should try to conduct real-world research that reflects this.

Also, we need to beware of producing an array of different and yet overlapping learning-needs assessment tools—research into learning styles theory has resulted in over 70 different overlapping theories.<sup>14</sup> This tends to devalue the different theories rather than increase their value.<sup>14</sup>

Putting these caveats aside we do need further research into what tools best suit doctors at different stages in their careers and also in to how we can square the circle of identifying and then fulfilling individual as well as group learning needs.

Learning-needs assessment is just one step on the educational journey that doctors should take to keep up to date. It is not perfect, but we should make the best of it. The alternative may be setting another type of assessment every 5 years: an exam.

*Competing interests* Kieran Walsh works for BMJ Learning—the educational website of BMJ Publishing Group. He is paid a fixed salary.

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